

Name
in
Full

Fanny Baltham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

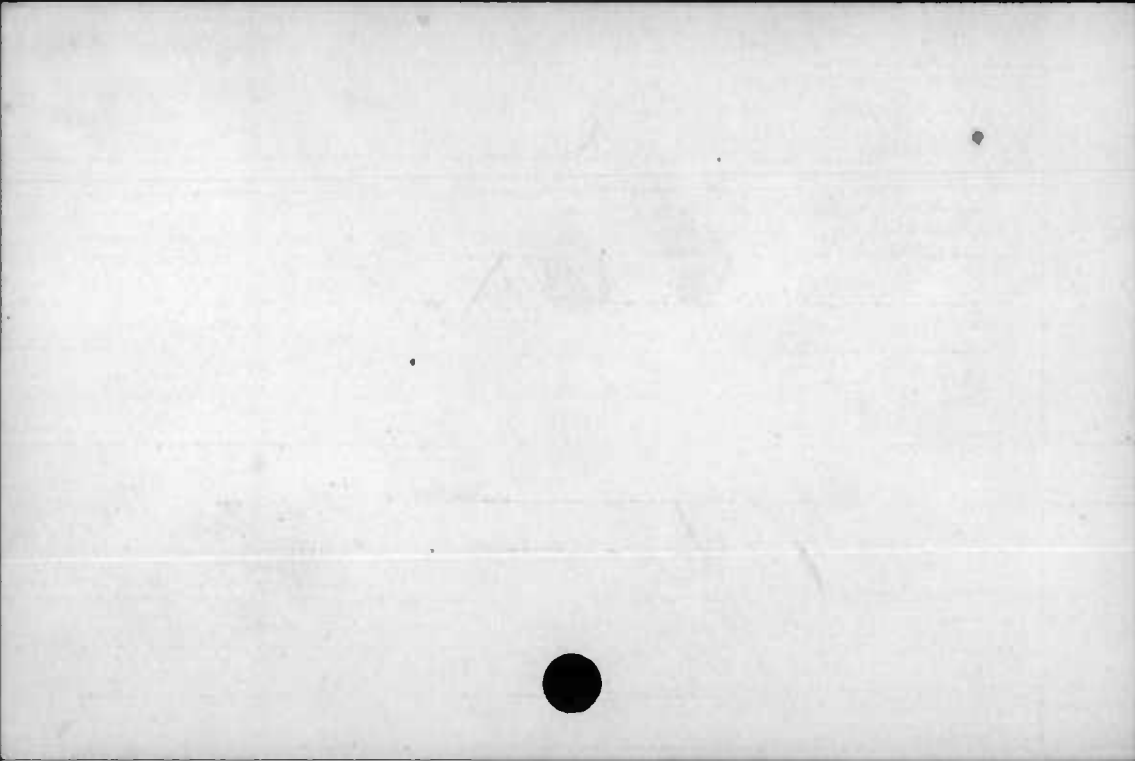
Died at <i>Salisbury</i> ^{Town}		<i>Micromis</i> ^{County}		MARYLAND	
Date of death	1908	Month	June	Day	1
Age	27	Years	(?)	Months	✓
Sex	Female	Color or Race	Colored	Birth-place	<i>Dorchester Co.</i>
Occupation	<i>Domestic</i>		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	<i>Domestic</i>		
Father's Name	<i>Domestic</i>		Father's Birthplace	<i>Domestic</i>	
Mother's Maiden Name	<i>Domestic</i>		Mother's Birthplace	<i>Domestic</i>	
Name of person giving information	<i>Hospital</i>		How related to deceased	✓	

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary	<i>uterine carcinoma</i>	How long	<i>14 years</i>
Immediate	<i>Septicemia</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>[Signature]</i>	
No		Address	
<i>as far as I know</i>		<i>Salisbury Md</i>	
Accident or Suicide?			
No			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary B Beach</i>		Town <i>Mardela</i>		County <i>Neomino</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Month <i>June</i>		Day <i>12</i>	
Age <i>26</i>		Years <i>26</i>		Months <i>7</i>		Days <i>20</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Neomino</i>			
Occupation <i>Housekeeping</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>William H Beach</i>		Father's Birthplace <i>Norchester Co</i>					
Mother's Maiden Name <i>Margaret H Bailey</i>		Mother's Birthplace <i>Sussex Co</i>					
Name of person giving information <i>Wm H Beach</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

120

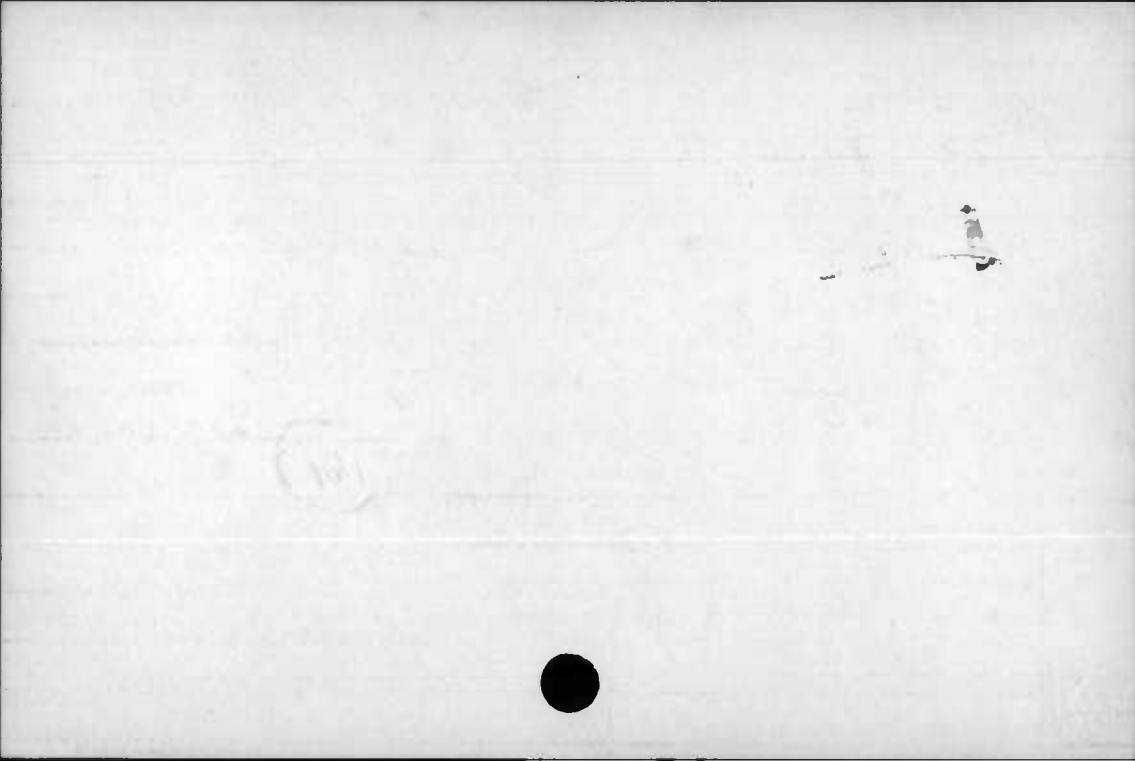
PHYSICIAN
OR CORONER

Primary	<i>Nephritis</i>	How long <i>Three Years</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>J. M. Eldridge</i>
		Address <i>Mardela Springs Md</i>
Accident or Suicide?		

Can



Name in Full Floyd Boston		Town Salisbury		County Wicomico		CERTIFICATE OF DEATH	
Died at Salisbury P. G. Hospital		State Maryland		Date of death June 30th 1908		Age 20	
Sex Male		Color or Race White		Birthplace Somerset Co. Md.		Months 10	
Occupation Motor man		Where Residing if not at place of death Carnestown Somerset Co. Md.		Days 22			
Married, Single or Widowed Single		Name of Wife or Husband None		Father's Birthplace Accomac Co. Va.		Mother's Birthplace Somerset Co. Md.	
Father's Name Charles Boston		Mother's Maiden Name Elizabeth Leard		How related to deceased Mother			
Name of person giving information Elizabeth Boston							
		CAUSES OF DEATH				108	
Primary Strangulated Hernia		How long 48 hours					
Immediate Peritonitis		How long 4 days					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. B. Potter		Address Salisbury Md.			
Accident or Suicide?							



Name
in
Full

Eleanor Cannon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

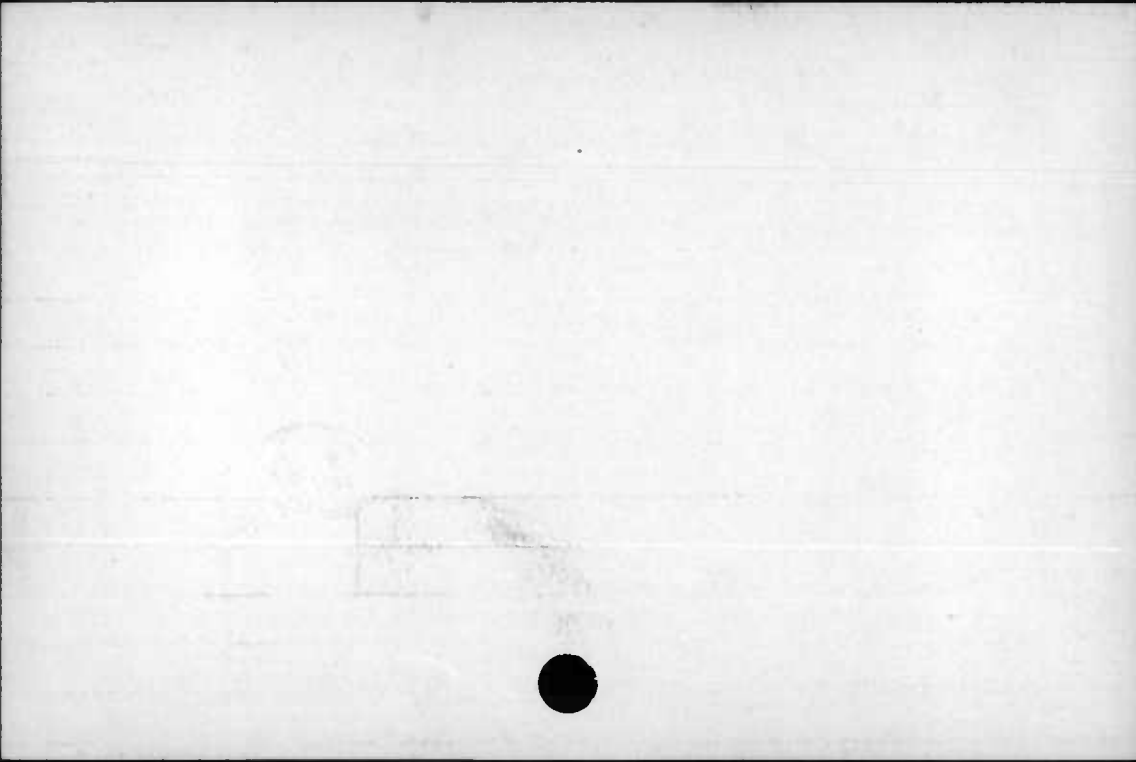
Died at		Town Salisbury		County Wicomico		MARYLAND	
Date of death		1908	Month June	Day 19 th	Age 82	Years 9	Months 21
Sex Female		Color or Race White		Birth-place Delaware			
Occupation None				Where Residing if not at place of death ~~~~~			
Married, Single or Widowed Widow		Name of Wife or Husband Joseph R. Cannon					
Father's Name John Nelson		Father's Birthplace Delaware					
Mother's Maiden Name Lawveria Cannon		Mother's Birthplace " "					
Name of person giving information Belle J. Evans		How related to deceased Daughter					

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary Infinitis, of age 2 nd		How long several years	
Immediate Dysentery		How long several days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician F. M. Clements, M.D.	
		Address Salisbury	
Accident or Suicide?			



Name
in
Full

Selia Cornish

CERTIFICATE OF DEATH

Died at ^{Town} Year 1908 Shaptown^{County} Hicomico

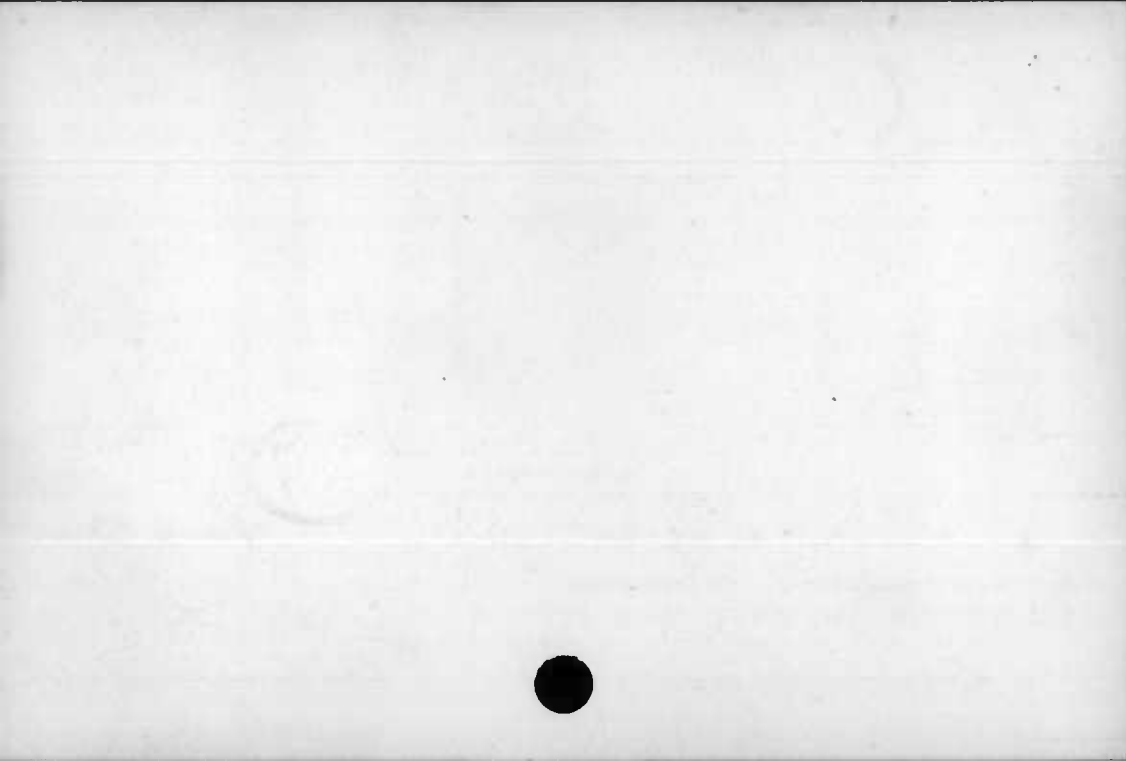
MARYLAND

Date of death ^{Month} June ^{Day} 25 ^{Years} 95 ^{Months} — ^{Days} —Sex Female Color or Race Col'd Birth-place Shaptown.Occupation Housewife Where Residing if not at place of death —Married, Single or Widowed Single Name of Wife or Husband William CornishFather's Name Moses Black Father's Birthplace Del -Mother's Maiden Name Easter Bradley Mother's Birthplace "Name of person giving information George Smiley How related to deceased Son

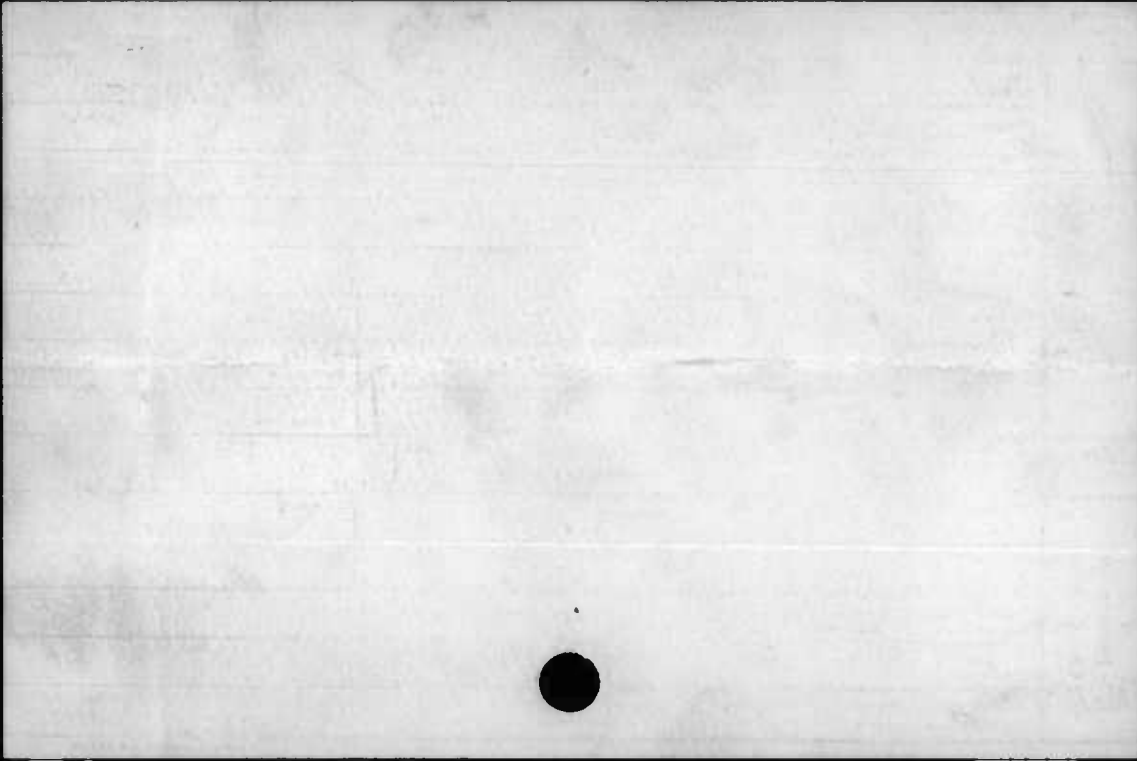
CAUSES OF DEATH

154

Primary Old age ☒ How long —Immediate Heart failure How long —Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H. N. LassarayAddress Shaptown DelAccident or Suicide? —TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full <i>Ellen Richardson</i>		Town <i>Balden</i>				County <i>Micomic</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Balden</i>		Month <i>June</i>		Day <i>24</i>		Age <i>70</i>	
		Date of death <i>1908</i>		Years <i>70</i>		Months		Days	
		Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Id</i>			
		Occupation <i>Housewife</i>		Where Residing if not at place of death					
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>James Richardson</i>					
		Father's Name <i>Don't Know</i>				Father's Birthplace			
		Mother's Maiden Name <i>Don't Know</i>				Mother's Birthplace			
Name of person giving information <i>Robert Richardson</i>		How related to deceased <i>Son</i>							
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary <i>Don't know</i>				How long <i>Don't know</i>			
		Immediate <i>Don't know</i>				How long <i>" "</i>			
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>J. J. Smith</i>			
		<i>Don't know</i>				Address <i>Allen St.</i>			
		Accident or Suicide?							



Name
in
Full

W. L. Dishmond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

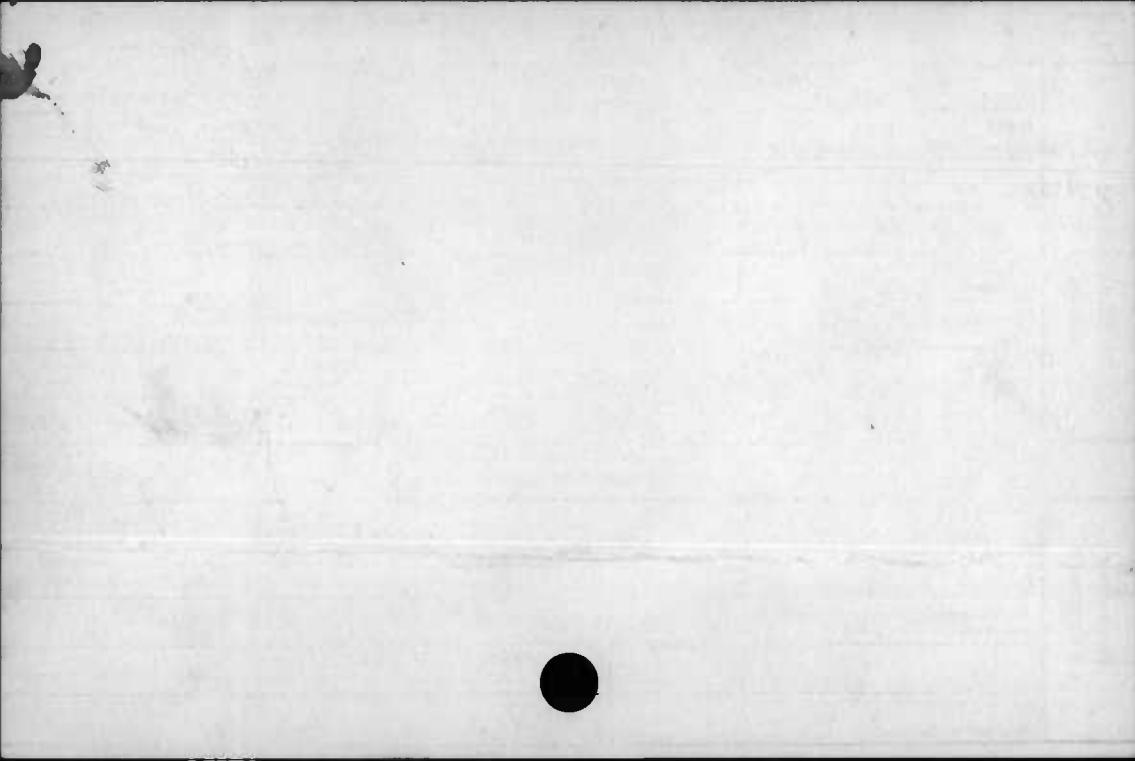
Died at <u>Salisbury</u> ^{Town}		<u>Wicomico</u> ^{County}		MARYLAND	
Date of death	1908	Month	June	Day	28
Age	24	Years		Months	
Sex	Male	Color or Race	White	Birthplace	N. C. ?
Occupation	Farmer		Where Residing if not at place of death <u>Delmar Del</u>		
Married, Single or Widowed	Married	Name of Wife or Husband	Sadie Dishmond		
Father's Name	Don't know		Father's Birthplace	Don't know	
Mother's Maiden Name	Don't know		Mother's Birthplace	Don't know	
Name of person giving information	W. J. Mills		How related to deceased	Not related	

CAUSES OF DEATH

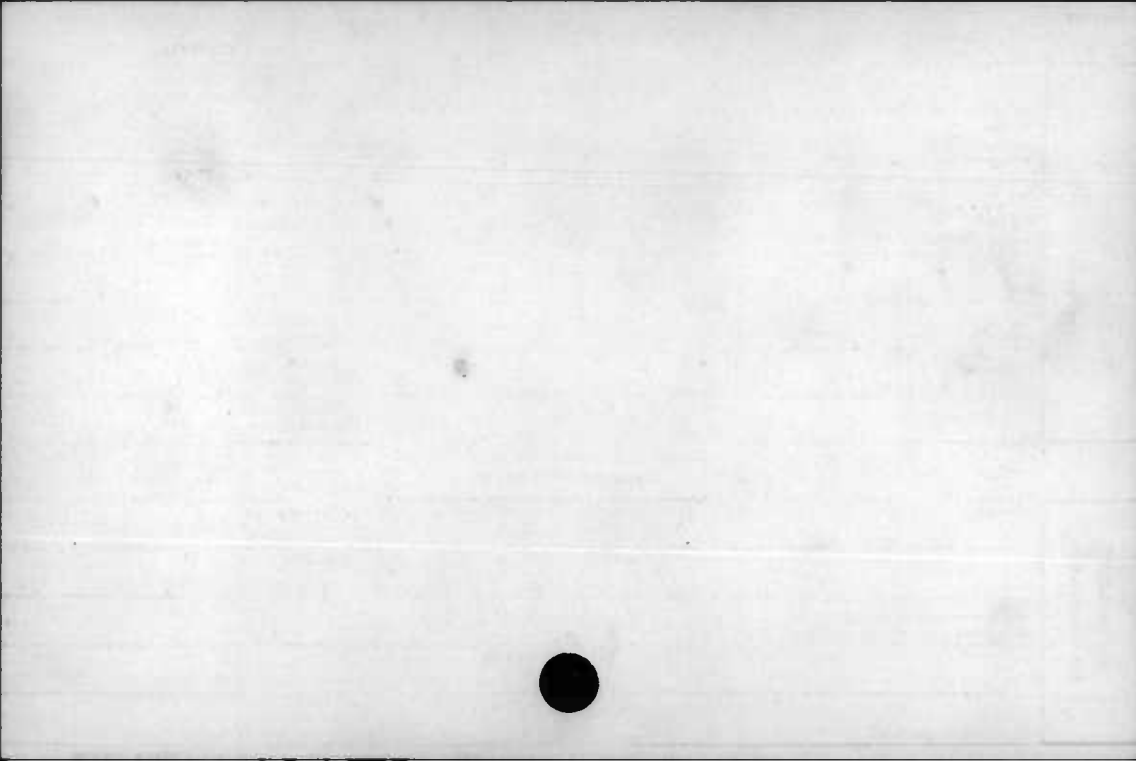
83

PHYSICIAN
OR CORONER

Primary	<u>Neumonia</u>	How long	<u>4 weeks</u>
Immediate	<u>Embolism</u>	How long	<u>1 hour</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes as can be obtained		<u>W. J. Mills</u>	
Address		<u>Salisbury, Md</u>	
Accident or Suicide?		No	



Name in Full Pearl Everett		Town near Salisbury		County Wicomico		CERTIFICATE OF DEATH	
Died at		Date of death		Age		MAYLAND	
Month June		Day 28		Years		Months 7 Days 28	
Sex Female		Color or Race White		Birth-place Texas			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Walter C Everett		Father's Birthplace Arkansas					
Mother's Maiden Name Pearl Hedvern		Mother's Birthplace Nebraska					
Name of person giving information David S Hedvern		How related to deceased Grandfather					
CAUSES OF DEATH				105			
Primary Enterocolitis				How long 10 days			
Immediate Dysentery				How long Two hours			
Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician J. M. Adair			
Cause as obtainable See as obtainable				Address Salisbury, Md			
Accident or Suicide? No							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Georgiana O Friend*
 Died at *Salisbury* Town *Wicomico* County
 Date of death *1908* Month *June* Day *26* Age *3* Years Months *3* Days *26*
 Sex *Female* Color or Race *Black* Birth-place *Md*
 Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's Name *Walter T Friend*Father's Birthplace *Md*Mother's Maiden Name *Clare B Davis*Mother's Birthplace *Md*Name of person giving
In formation *Walter T Friend*How related
to deceased *Father*

CAUSES OF DEATH

92

Primary *Bronchitis.*How long *One week*Immediate *Pneumonia*How long *3 days*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician

Address

O. B. Potter
Salisbury Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Robert Garrison* Town *Clara* County *Wicomico* MARYLAND

Died at *Clara* Date of death 190*8* Month *June* Day *10* Age *4* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *Maryland*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *A. T. Garrison* Father's Birthplace *Maryland*

Mother's Maiden Name *Alice Hews* Mother's Birthplace *Maryland*

Name of person giving Information *A. T. Garrison* How related to deceased *Father*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *How long 6 months*

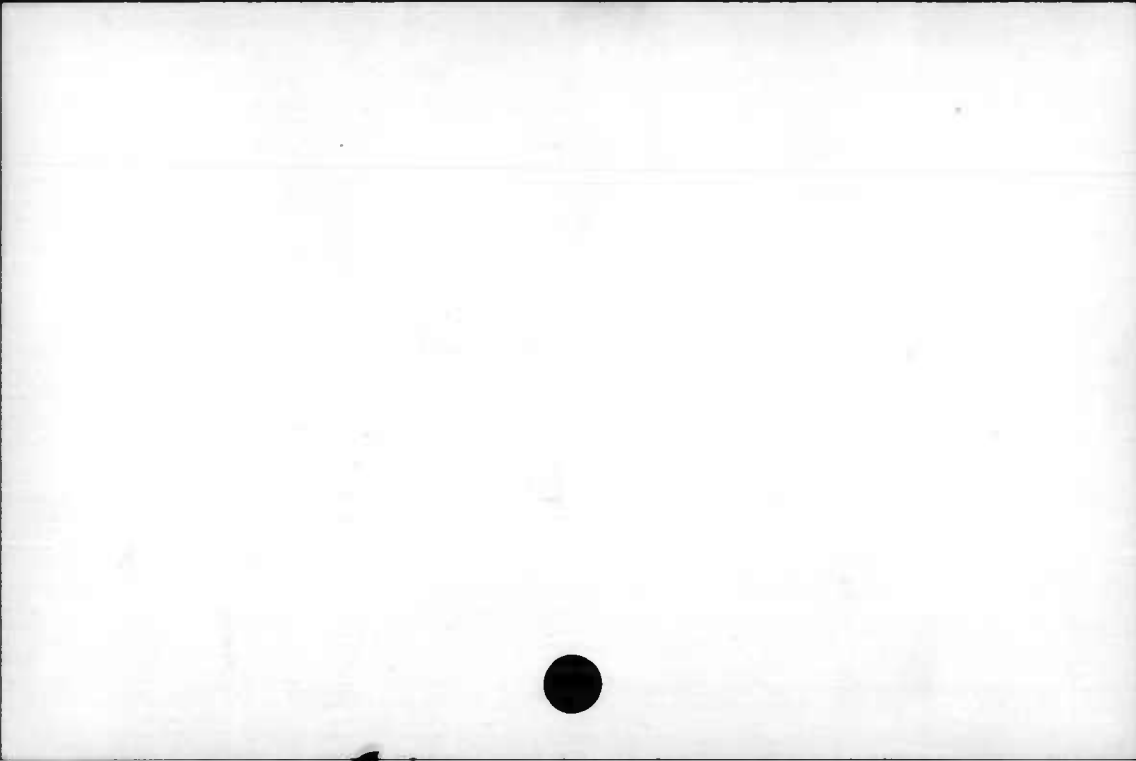
Immediate *Tuberculosis* *How long 1 month*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm Denton*

Address *Sub-registrar*

Accident or Suicide



Name
in
Full

Allie J. Hastings

CERTIFICATE OF DEATH

MARYLAND

Died at Salisbury Town

Wicomico County

Date of death 1908 June 20 Age 25 1 Months 5 Days

Sex male Color or Race white Birth-place Md

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband Nora E. Hastings

Father's Name Fred J. Hastings Father's Birthplace Del

Mother's Maiden Name Mary Taylor Mother's Birthplace Md

Name of person giving Information Mary Hastings How related to deceased Mother

CAUSES OF DEATH

120

Primary Chronic Bright's Disease How long 104 years

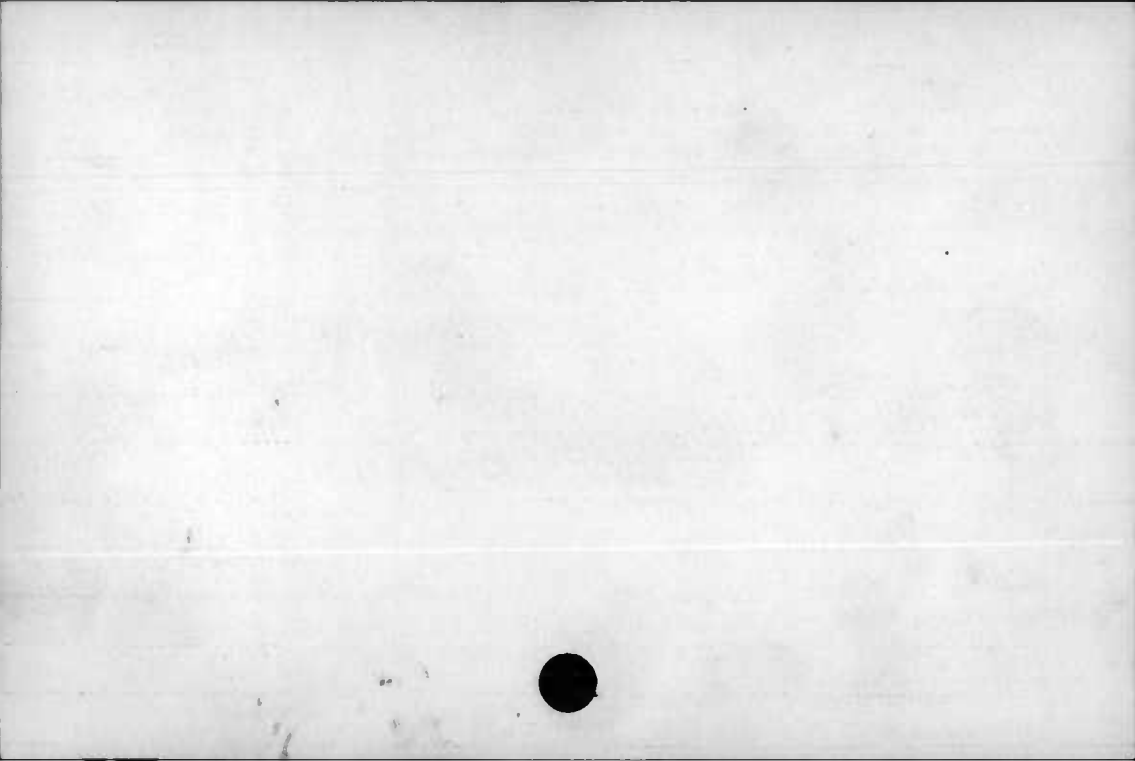
Immediate Malnutrition How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. W. Davis

20 far as I know Address Salisbury, Md

Accident or Suicide? No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Preston Hearn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

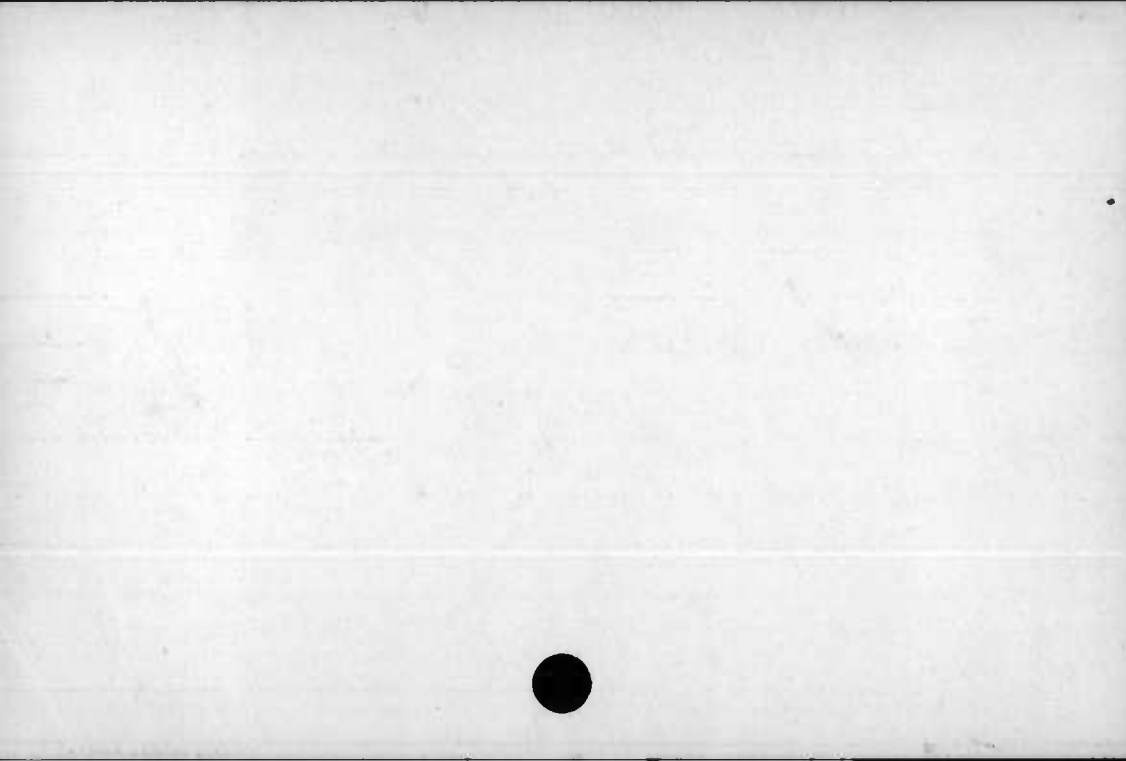
Died at <u>Athol</u> Town		<u>Wicomico County</u> County		MARYLAND	
Date of death	1908	Month	June	Day	13th
Age		Years	7	Months	9
Sex	male	Color or Race	white	Birth-place	Salisbury Md
Occupation		Where Residing if not at place of death Salisbury Md			
Married, Single or Widowed	Single	Name of Wife or Husband none			
Father's Name	Harry W Hearn			Father's Birthplace	Salisbury Md
Mother's Maiden Name	Eliza Belle Major			Mother's Birthplace	Athol Md
Name of person giving information	K. L. Smith			How related to deceased	Uncle

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Inf.	How long	Dont know
Immediate	Exhaustion (or Elderly)	How long	Dont know
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Geo. H. Todd	
		Address Salisbury Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Alphus Hitch

MARYLAND

Died at *Sharptown* ^{Town}*Worcester* ^{County}

Date

of death *1908*

Month

6

Day

29

Age

33

Years

Months

4

Days

15

Sex

*Male*Color or
Race*White*Birth-
place*Del*

Occupation

*Farmer*Where Residing if not
at place of death*Sharptown*Married, Single
or Widowed*Single*Name of Wife or
Husband*—*Father's
Name*Gro H Hitch*Father's
Birthplace*Del*Mother's
Maiden Name*Mary A Ellis*Mother's
Birthplace*Del*Name of person giving
Information*Gro Hitch*How related
to deceased*Father*

CAUSES OF DEATH

29

Primary

Tuberculosis of bowel

How long

14 years

Immediate

General weakness

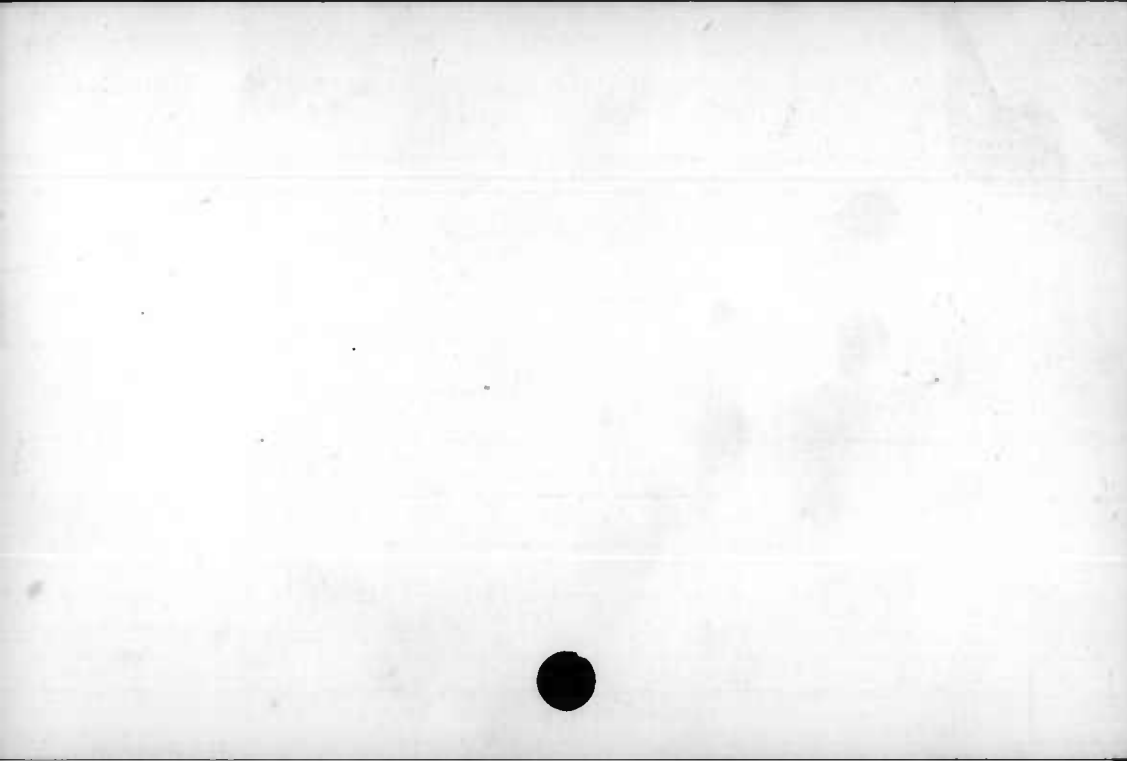
How long

*6 months*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*W. N. Garrison*

Address

Sharptown Md

Accident or Suicide?



Name
in
Full

Mary L. Horsey

CERTIFICATE OF DEATH

Died at *Dumfries* Town *Wicomico* County

MARYLAND

Date of death *1908* Month *June* Day *19th* Age *42* Years Months Days

Sex *Female* Color or Race *Negro* Birth-place *Salisbury*

Occupation *Housewife* Where Residing if not at place of death

Married, ~~Single~~ *Married* Name of Wife or Husband *Columbus Horsey*

Father's Name *Leonard Parsons* Father's Birthplace *Salisbury Md.*

Mother's Maiden Name *Hannah White* Mother's Birthplace *Maryland*

Name of person giving information *Leonard Parsons* How related to deceased *Father*

CAUSES OF DEATH

48

Primary *Arteriosclerosis* How long *2 months - 23*

Immediate *Endocarditis* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *A. Howard Lynch*

Address *Dumfries*

Accident or Suicide?

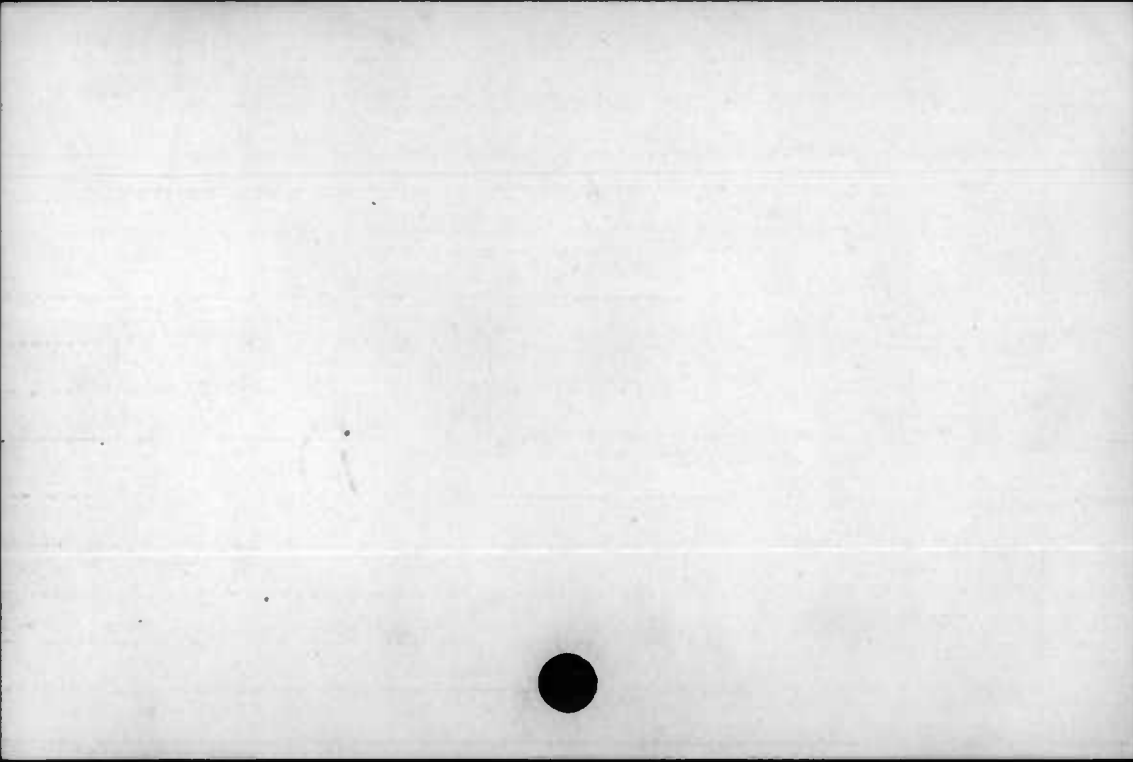
Maryland

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

$$\begin{array}{r} 15 \\ 15 \\ \hline 65 \\ 15 \quad 5 \\ \hline 210 \\ 2140 \\ \hline 30 \end{array}$$

Name in Full		Lola Hughes				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Hebron</i>			County <i>Wicomico</i>			MARYLAND			
	Date of death <i>1908</i>		Month <i>June</i>	Day <i>23</i>	Age <i>19</i>	Years	Months	Days		
	Sex <i>Female</i>		Color or Race <i>white</i>			Birth- place <i>Mardella Springs</i>				
	Occupation <i>Shirt-factory</i>				Where Residing if not at place of death					
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>							
	Father's Name <i>John Hughes</i>				Father's Birthplace <i>Mardella Springs</i>					
	Mother's Maiden Name <i>Martha Darby</i>				Mother's Birthplace <i>" "</i>					
	Name of person giving information				How related to deceased					
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary				How long					
	Immediate <i>Enteric fever</i>				How long <i>Two weeks</i>					
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>H. C. Connaway</i>					
	Accident or Suicide?				Address <i>Hebron Md</i>					



Name
in
Full

Nina M. Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

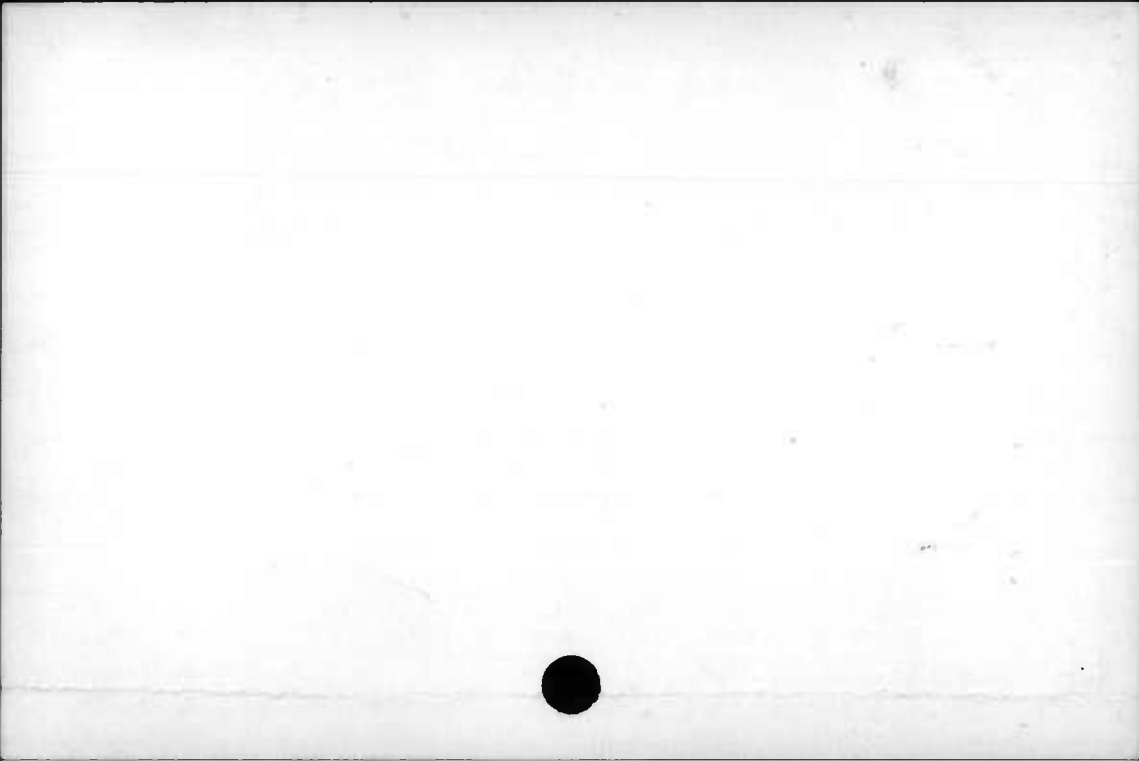
Died at <i>Rochanappling</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1908</i>	<i>June</i>	<i>10</i>	<i>11</i>	<i>0</i>	<i>14</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Hebron</i>		
Occupation <i>School girl</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>None</i>		
Father's Name <i>Littleton Jackson</i>			Father's Birthplace <i>Quantico</i>		
Mother's Maiden Name <i>Maggie J. Thomas</i>			Mother's Birthplace <i>Mardella</i>		
Name of person giving information <i>Maggie Jackson</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Tuberculosis</i>	How long <i>8 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. C. Commaney</i>
	Address <i>Hebron Md</i>
Accident or Suicide?	



Name
-in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Evelyn Jessup-
County Salisbury Wicomico
MARYLAND

Died at Salisbury
Date of death 1908 June 30th
Month June
Day 30th
Years 0
Months -
Days 11

Sex Female
Color or Race White
Birth-place Salisbury

Occupation Nothing
Where Residing if not at place of death

Married, Single or Widowed Single
Name of Wife or Husband X

Father's Name J. Ivey Jessup
Father's Birthplace Georgia

Mother's Maiden Name Vivian B. Harris
Mother's Birthplace "

Name of person giving Information Ivey Jessup
How related to deceased Father

CAUSES OF DEATH

85

PHYSICIAN
OR CORONER

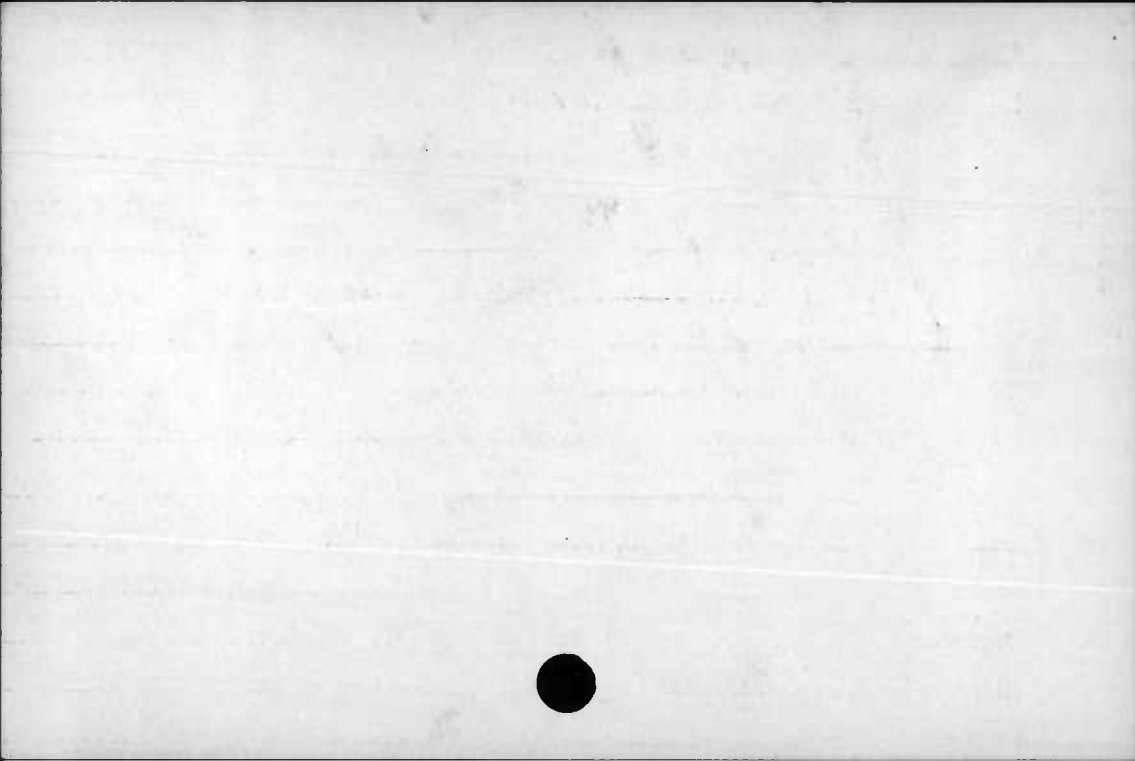
Primary Hemophilic
How long Lifetime

Immediate Hemorrhage from head, nose
How long 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. M. Smith
Address Salisbury Md

Accident or Suicide? No.



Name
in
Full

CERTIFICATE OF DEATH

Name in Full *Aminda G Johnson*

Town *Salisbury* County *Wicomico*

Died at *Salisbury* Months *90* Days *28*

Date of death *1908* Month *June* Day *28* Age *90*

Sex *Female* Color or Race *Black* Birthplace *MD*

Occupation *Housewife* Where Residing if not at place of death *—*

Married Single or Widowed *Single* Name of Wife or Husband *Albert Johnson*

Father's Name *Don't know* Father's Birthplace *Don't know*

Mother's Maiden Name *Don't know* Mother's Birthplace *—*

Name of person giving information *James L Johnson* How related to deceased *Son*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *Infirmities of Age, Nervous Prostration* How long *Several weeks*

Immediate *Exhaustion* How long *Several days*

Are the name, age, sex, color, date and place correctly given above? *As far as I know.*

Signature of Physician *F. M. Stevens M. D.* Address *Salisbury Md.*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Julia Ann Johnson

Died at *Salisbury* Town *Wicomico* County

DATE of death *1908* Month *June* Day *12* Age *75* Years Months *-* Days *-*

Sex *Female* Color or Race *Black* Birth-place *Md.*

Occupation *Housework* Where Residing if not at place of death

Married, ~~Single~~ *Married* Name of Wife or Husband *Ebenezer Johnson*

Father's Name *James Shackley* Father's Birthplace *Md.*

Mother's Maiden Name *Ester Shackley* Mother's Birthplace *Md.*

Name of person giving information *Ebenez. Johnson* How related to deceased *Husband*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

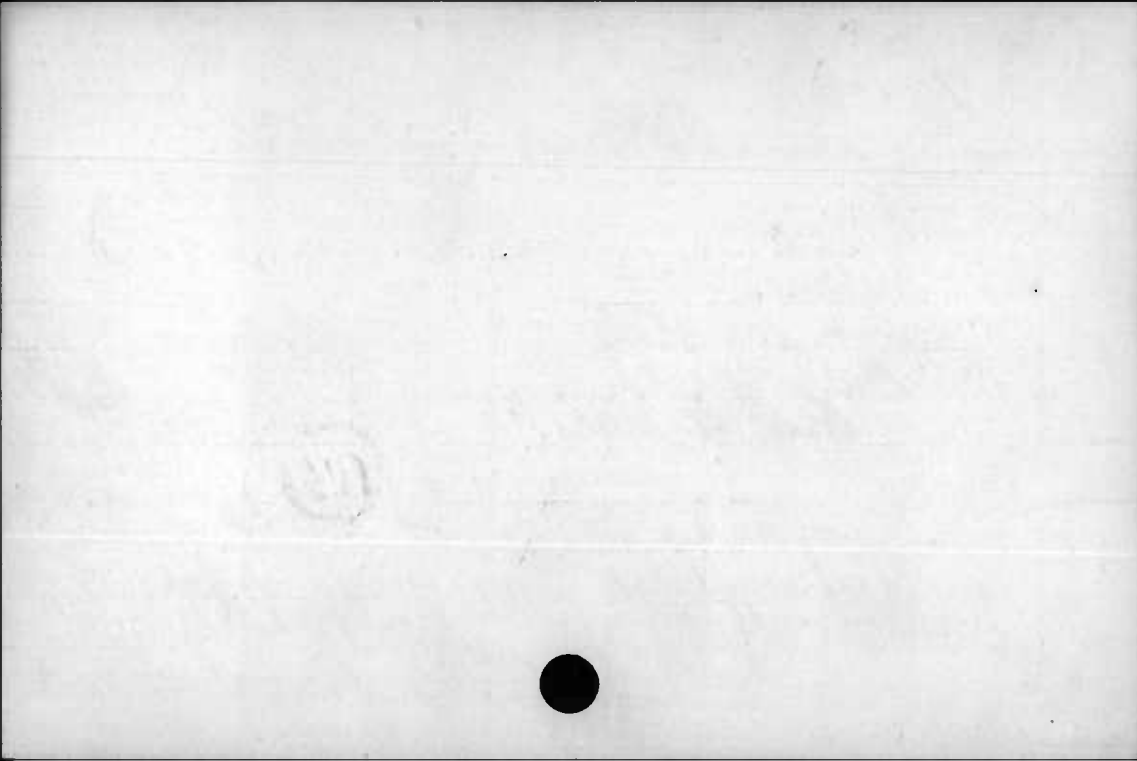
Primary *Bright's Disease* How long *18 yrs*

Immediate *Uremia* How long *few days*

Are the name, age, sex, color, date and place correctly given above? *As I know*

Signature of Physician *J. M. Davis* Address *Salisbury, Md*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James H. Jones*

Died at *Tyashua* ^{Town} *Wicomico* ^{County} **MARYLAND**

Date of death *1908* ^{Month} *June* ^{Day} *6* ^{Years} *53* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *colored* Birth-place *Maryland*

Occupation *Mariner* Where Residing if not at place of death *"*

Married, Single or Widowed *Widowed* Name of Wife or Husband *none*

Father's Name *Geo. W. Jones* Father's Birthplace *"*

Mother's Maiden Name *Mary Jones* Mother's Birthplace *"*

Name of person giving information *Geo. W. Jones* How related to deceased *Father*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Bronchitis* How long *3 months*

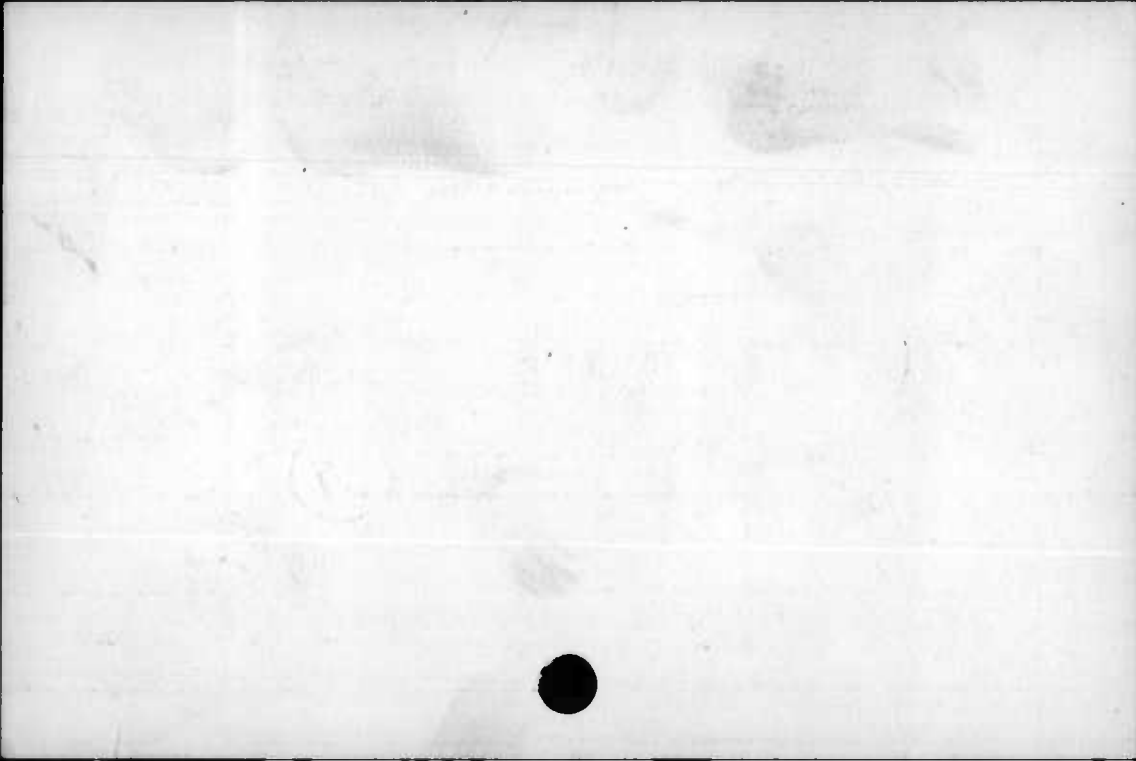
Immediate *Tuberculosis* How long *2 yrs*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Geo. W. Belson, M.D.*

Address *Bivalve, Md.*

Accident or Suicide? *—*



Name
in
Full

Charles Al Leonard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	1908	Month <u>June</u>	Day <u>12</u>	Age Years <u>31</u>	Months <u>7</u> Days <u>8</u>
Sex <u>Male</u>	Color or Race <u>Caucasian</u>		Birth-place <u>MD</u>		
Occupation <u>Waiter</u>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <u>Abby Leonard</u>			
Father's Name <u>John W Leonard</u>			Father's Birthplace <u>MD</u>		
Mother's Maiden Name <u>Jane Brenington</u>			Mother's Birthplace <u>MD</u>		
Name of person giving information <u>John W Leonard</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Tubercular Pleurisy</u>	How long	<u>Don't know</u>
Immediate	<u>Cancer</u>	How long	<u>Don't know</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>N. C. Full</u>	
		Address <u>Salisbury MD</u>	
Accident or Suicide? <u>no</u>			

Leonard resided in Atlanta City
Came here few days before death.

N. C. Trull

Name
in
Full

Pearl Livingston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

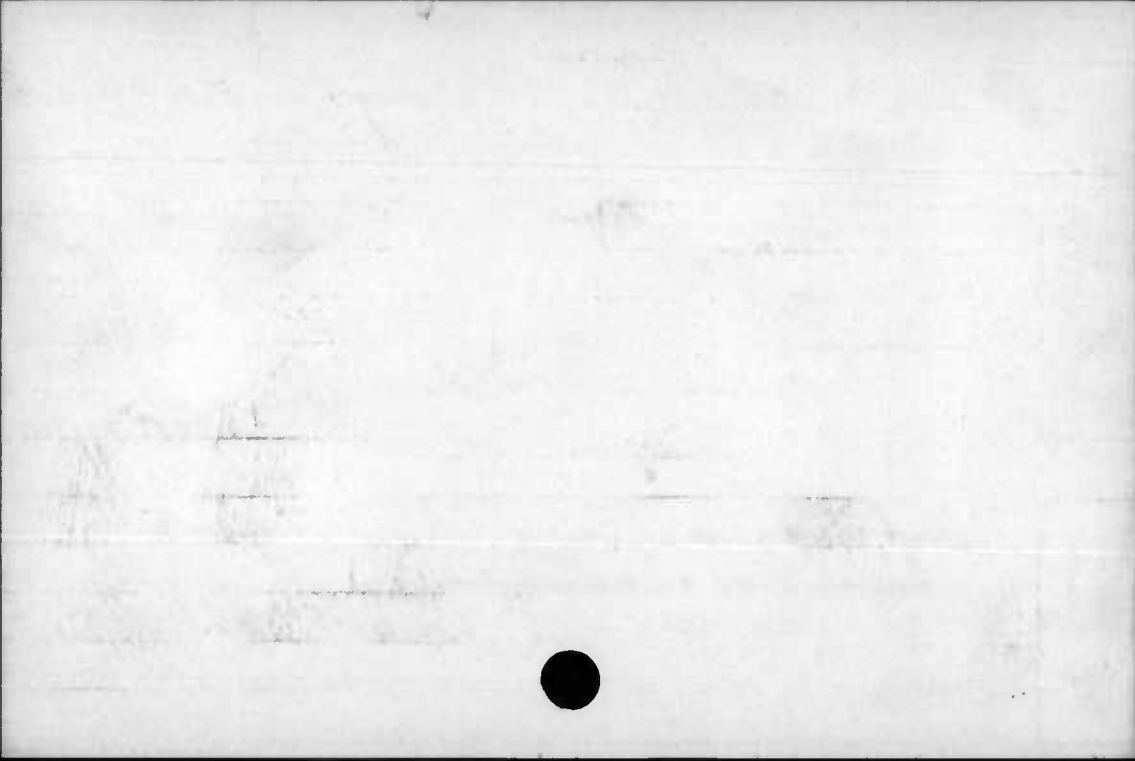
Died at <i>Near Annetland</i>		Town <i>Wicomico</i>		County		MARYLAND	
Date of death	1908	Month	June	Day	20	Age	2
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Wicomico Co. Md.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>at home</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>J. G. Livingston</i>		Father's Birthplace <i>Wicomico Co. Md.</i>					
Mother's Maiden Name <i>Etha B. Hastings</i>		Mother's Birthplace <i>Somerset Co. Md.</i>					
Name of person giving information <i>J. G. Livingston</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	<i>Acute Bacter - Intestinal Infection</i>	How long	<i>2 days</i>
Immediate	<i>Convulsion & collapse</i>	How long	<i>5 or 6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Louis D. Morris M.D.</i>	
		Address <i>Salisbury</i>	
Accident or Suicide?		<i>Yes.</i>	



Name
in
Full

Ida F. Malone

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

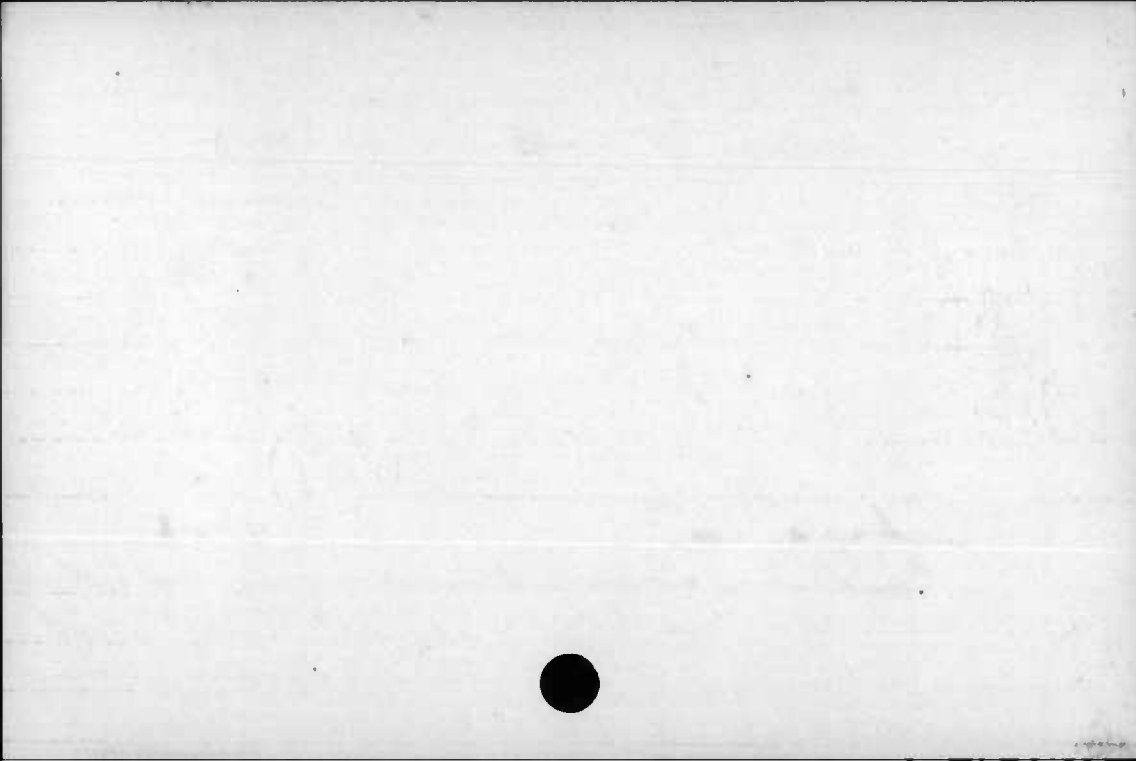
Died at <i>Fruitland</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death	1908	Month	June	Day	17
Age	37	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Near Fruitland Md.
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Lewis Malone		
Father's Name	James M. Hayman		Father's Birthplace	Maryland	
Mother's Maiden Name	Elizabeth Fisher		Mother's Birthplace	"	
Name of person giving information	Asbury Hayman		How related to deceased	Brother	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>1 year</i>
Immediate	<i>Emaciation & Inanition</i>	How long	<i>several months.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Louis W. Keom's M.D.</i>
		Address	<i>Delaware</i>
			<i>Md.</i>
Accident or Suicide?			



Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

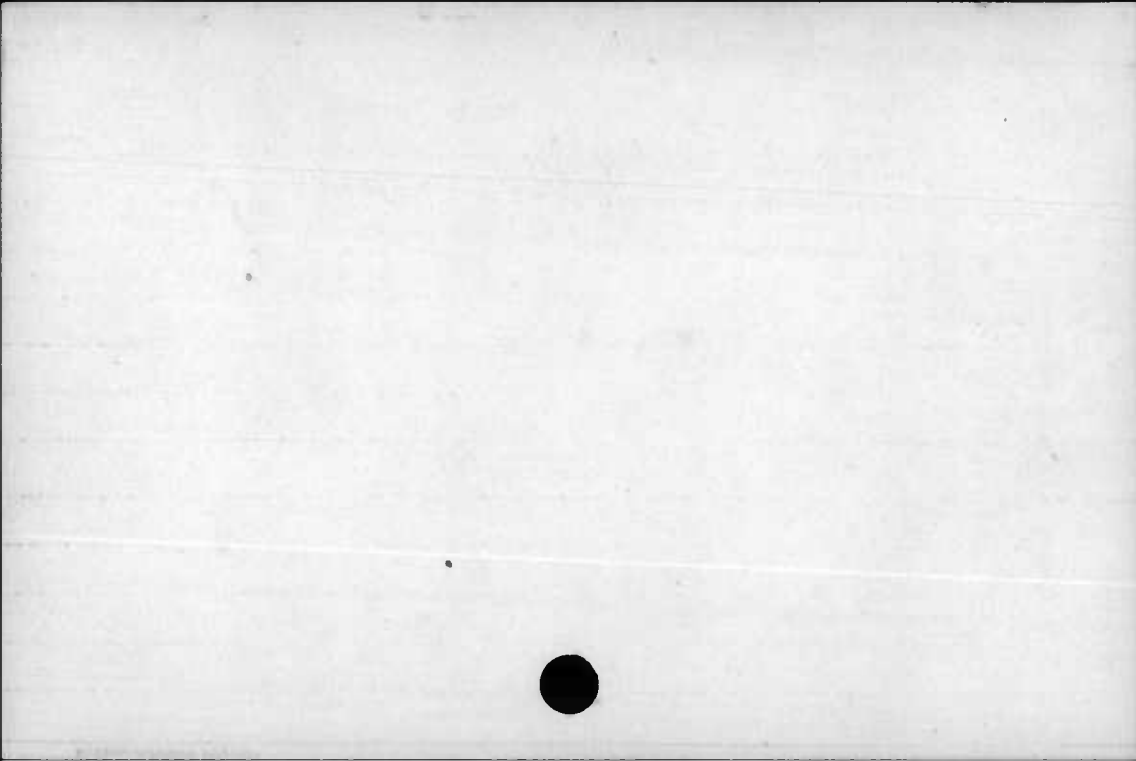
CERTIFICATE OF DEATH

Name <i>Ralph Marshall</i>		Town <i>Sharps Point</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Sharps Point</i>		Month <i>June</i>		Day <i>6th</i>		Age <i>3</i>	
Date of death <i>1908</i>		Months <i>June</i>		Days <i>6th</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Sharps Point</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Ronie Jones</i>					
Father's Name <i>William E. Marshall</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Ronie Jones</i>		Mother's Birthplace <i>Sharps Point, Md.</i>					
Name of person giving information <i>S. B. Marshall</i>		How related to deceased <i>Uncle</i>					

CAUSES OF DEATH

106

Primary	<i>Dysentery</i>	How long	<i>5 days</i>
Immediate	<i>Toxic Enteritis</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Geo. H. Todd</i>	
		Address	
		<i>Salisbury Md</i>	
Accident or Suicide?			



Name
in
Full

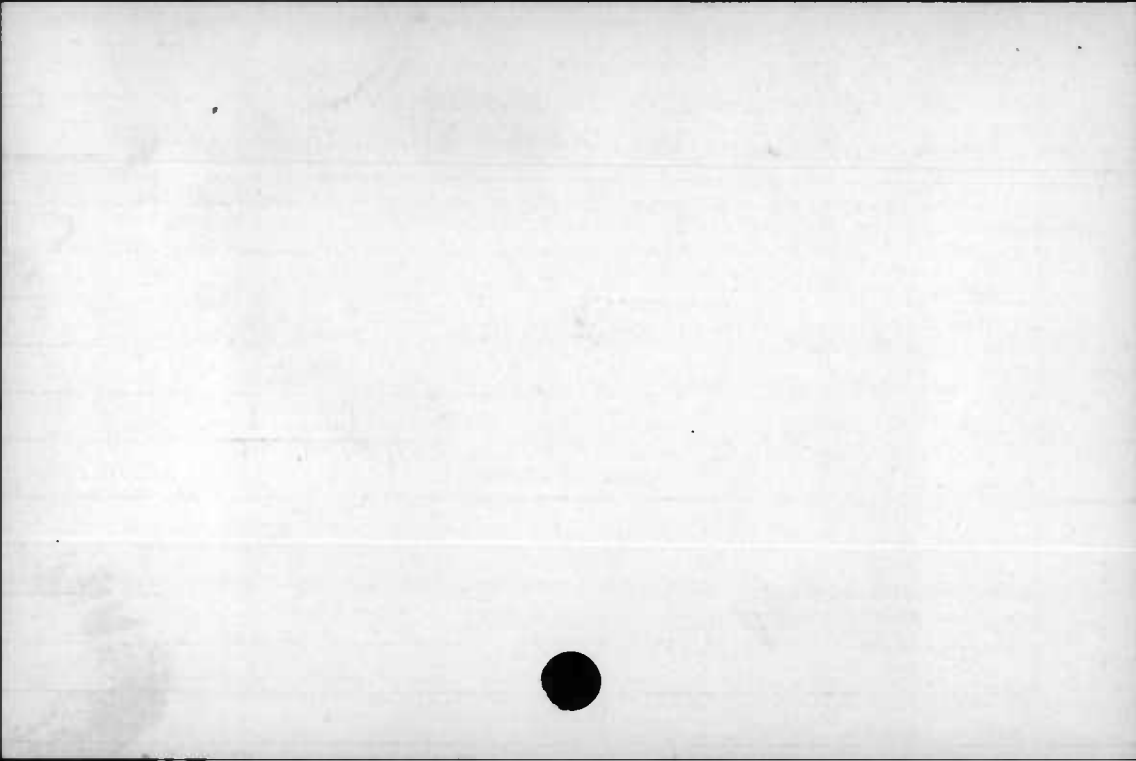
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Minnie Y Miller</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Salisbury</i>		Month <i>June</i>		Day <i>13</i>		Years <i>36</i>	
Date of death <i>1908</i>		Months <i>36</i>		Days <i>36</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Del</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death <i>Bridgewater Del</i>					
Married, Single or Widowed		Name of Wife or Husband <i>George E Miller</i>					
Father's Name <i>George W. Willey</i>		Father's Birthplace <i>Del</i>					
Mother's Maiden Name <i>Nellie Leland</i>		Mother's Birthplace <i>Del</i>					
Name of person giving information <i>George E Miller</i>		How related to deceased <i>Husband</i>					
CAUSES OF DEATH				43			

PHYSICIAN
OR CORONER

Primary <i>Carcinoma breast</i>		How long <i>1 year</i>	
Immediate <i>Shock following removal</i>		How long <i>few hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. E. Davis</i>	
		Address <i>Salisbury, Md</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

James Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fruitland</i> Town			<i>Wicomico</i> County			MARYLAND	
Date of death <i>1908</i>		Month <i>June</i>	Day <i>22</i>	Age <i>43</i> Years	Months	Days	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Maryland</i>			
Occupation <i>Laborer</i>			Where Residing if not at place of death				
Married, Single <input checked="" type="checkbox"/> Widowed		Name of Wife or Husband <i>Mary Morris</i>					
Father's Name <i>Not Known</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>John W. Toadwine</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Cerebro-sclerosis</i>	How long <i>Several years</i>
Immediate <i>Cerebral hemorrhage</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>S. J. For</i>	Signature of Physician <i>[Signature]</i>
<i>as can be obtained</i>	Address <i>Salisbury, Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Infant of Lambert Mair</i>		Town <i>Near Fruitland</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Near Fruitland</i>		Month <i>June</i>		Day <i>13th</i>		Age <i>0</i>	
Date of death <i>1908</i>		Month <i>June</i>		Day <i>13th</i>		Age <i>0</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Near Fruitland Md.</i>			
Occupation <i>None</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Lambert Mair</i>				Father's Birthplace <i>Wicomico Co. Md.</i>			
Mother's Maiden Name <i>Lizzie Schofield</i>				Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Samuel Jones</i>				How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>unknown</i>	How long <i>—</i>
Immediate <i>unknown</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. I. Long</i>
Address <i>Ellen, Md.</i>	
Accident or Suicide?	



Name
in
Full

Loney W. Nutter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

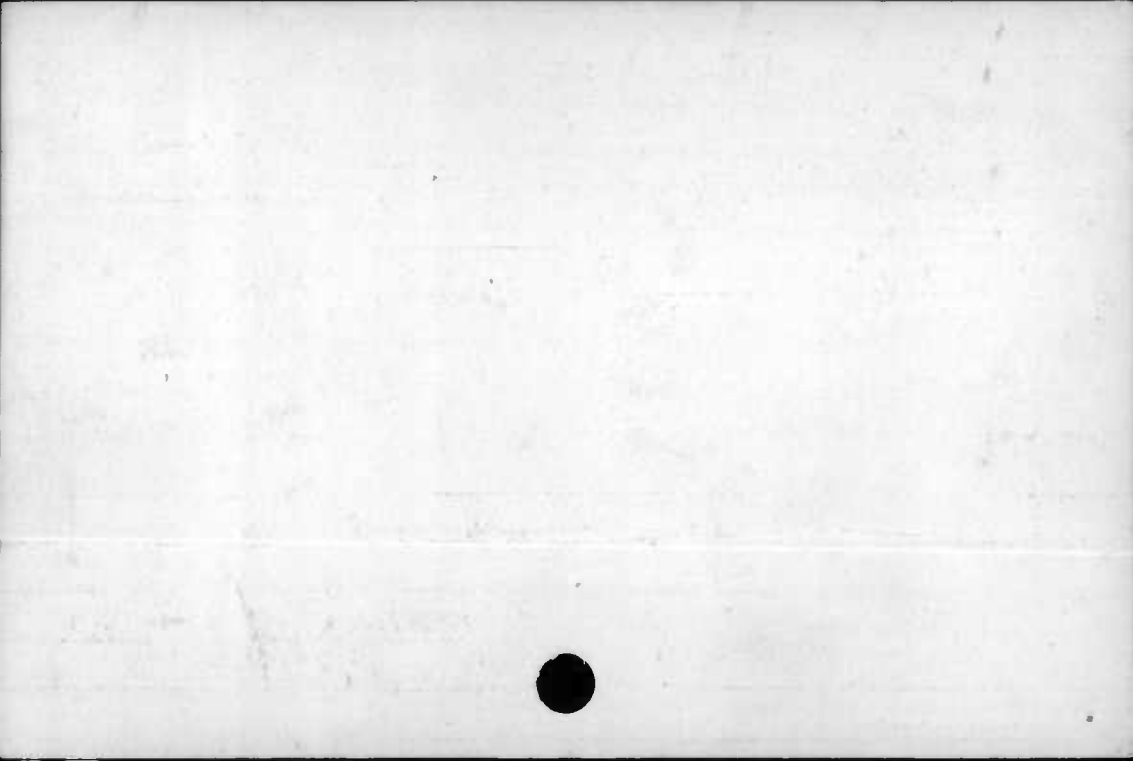
Died at		Town Nanticoke		County Wicomico		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		June	23	11		5	8
Sex		Female		Color or Race		colored	
Occupation		not any		Birth-place		Nanticoke	
Where Residing if not at place of death		home					
Married, Single or Widowed		single		Name of Wife or Husband			
none							
Father's Name		Scott Nutter				Father's Birthplace	
Nanticoke							
Mother's Maiden Name		Annie Conway				Mother's Birthplace	
C. C. C.							
Name of person giving information		parent				How related to deceased	
parent							

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis (Pulmonary)	How long
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
I presume yes!		DR. EDWARD E. LAMKIN,
Address		NANTICOKE, MD.
Accident or Suicide?		
No!		



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

County

Town

Died at

Date
of death

Salisbury

Month

Day

Age

Years

Months

Days

1906

June

25

79

11

7

Sex

Color or
Race

White

Birth-
place

MD

Occupation

Where Residing if not
at place of death

Married
or Widowed

Name of
Husband

Jacob H Pallitt

Father's
Name

James M. Morris

Father's
Birthplace

MD

Mother's
Birthplace

MD

Mother's
Maiden Name

Polly Pallitt

How related
to deceased

Son

Name of person giving
information

Mary R. Hayman

66

CAUSES OF DEATH

Primary

Paralysis & Infinites of legs

How long

2 or 3 years

Immediate

Transition

How long

Several weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

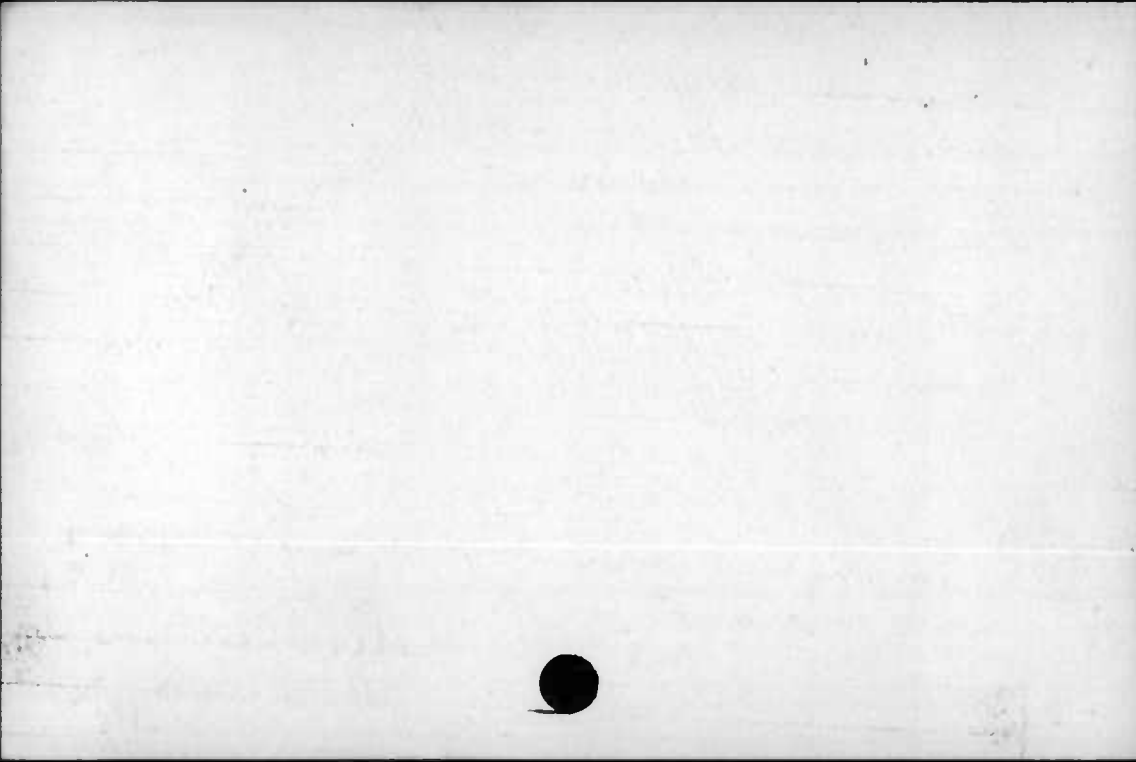
Address

L. H. Clements M.D.

Salisbury MD

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

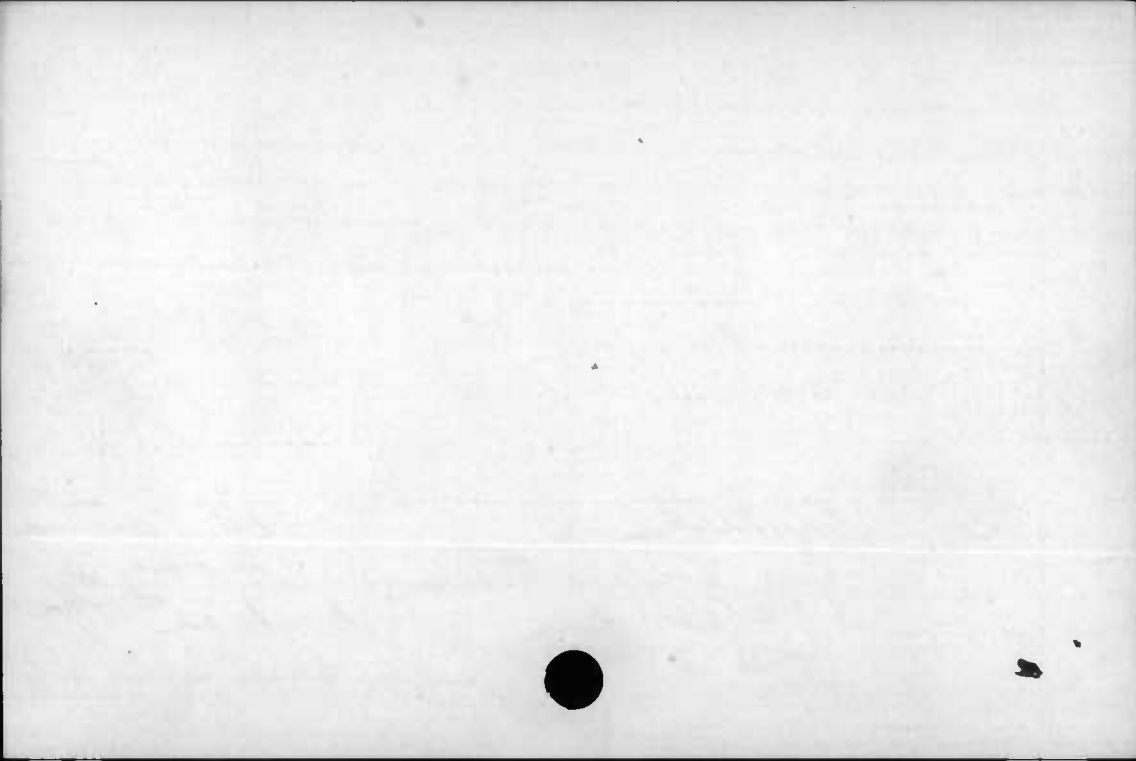
Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>June</u> <small>Month</small>	<u>12</u> <small>Day</small>	Age <u>23</u> <small>Years</small>	<u>4</u> <small>Months</small>	<u>12</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u> Md </u>		
Occupation <u>Laborer</u>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <u>Sarah Parker</u>			
Father's Name <u>Russell Parker</u>		Father's Birthplace <u> Md </u>			
Mother's Maiden Name <u>Martina Farrow</u>		Mother's Birthplace <u> Md </u>			
Name of person giving information <u>Martina Parker</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	<input checked="" type="checkbox"/>	How long
Immediate <u>Found accidentally</u>		How long
Are the name, age, sex, color, date and place correctly given above	Signature of Physician <u>W. H. Adams</u>	Address <u>Local Board of Health Salisbury Md</u>
Accident or Suicide?		



Name
in
Full

Lois Emeline Parsons.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

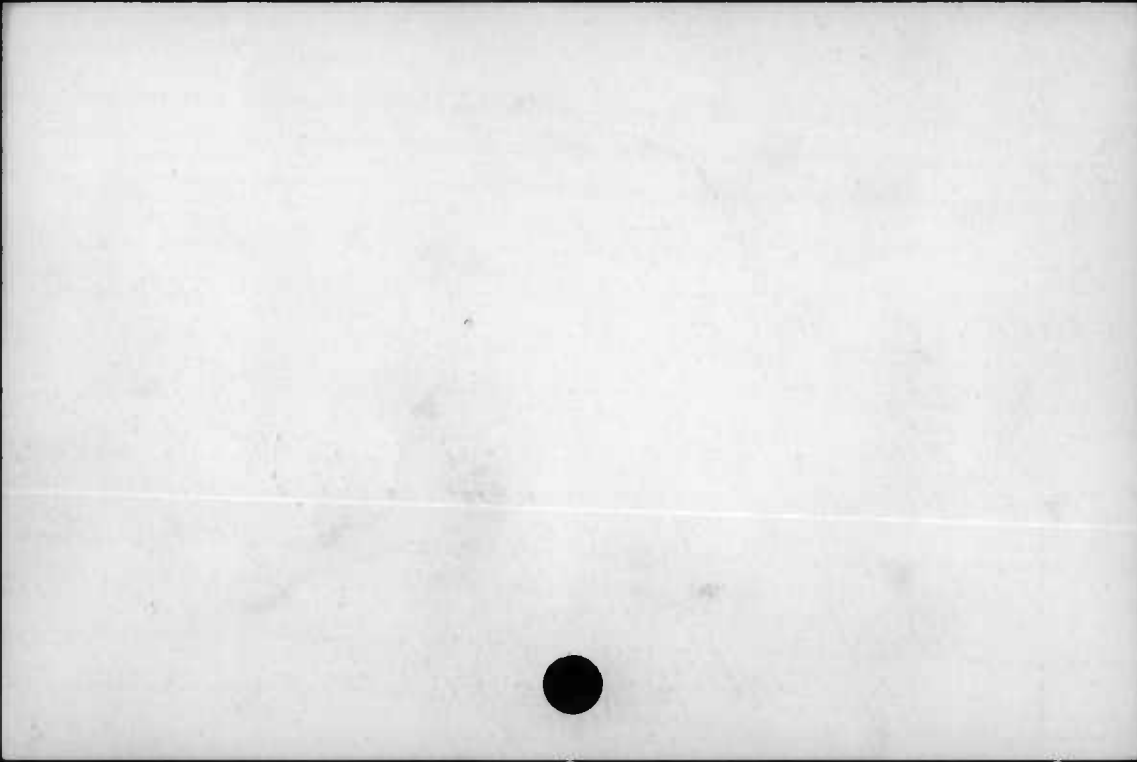
Died at <i>Near Mandela</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>June</i>	Day	<i>17</i>
Age	<i>ONE</i>	Years		Months	
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Near Mandela</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>G. H. Parsons</i>			Father's Birthplace	<i>Wicomico Co</i>
Mother's Maiden Name	<i>Gemmie E. Parsons</i>			Mother's Birthplace	" " "
Name of person giving information	<i>W. H. Owens</i>			How related to deceased	<i>Grand Father</i>

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>10 Months</i>
Immediate	<i>Cholera Infantum</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Elderdie</i>
		Address	<i>Mandela Spg, Md.</i>
Accident or Suicide? <i>2</i>			



Name in Full		Edward W Spicer				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Salisbury <small>Town</small>		Wicomico <small>County</small>		MARYLAND		
	Date of death	1908	Month June	Day 6	Age 70	Months	Days	
	Sex	Male		Color or Race	White		Birth- place	Del.
	Occupation	Farmer			Where Residing if not at place of death			Salisbury
	Married, Single or Widowed	Widower		Name of Wife or Husband		Mary J Spicer		
	Father's Name	Curtis Spicer			Father's Birthplace		Del.	
	Mother's Maiden Name	Don't Know			Mother's Birthplace		Don't Know	
Name of person giving Information	Wm. E. Spicer			How related to deceased		Son		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Chronic Bronchitis			How long Several Years			
	Immediate	Drowning			How long Several days			
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		F. M. Clements, M.D.		
				Address		Salisbury Md.		
Accident or Suicide?								



Name
in
Full

William R Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	<u>1908</u>	Month <u>June</u>	Day <u>10</u>	Age <u>63</u>	Months <u> </u> Days <u> </u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Md</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Woolford, Worcester Co Md</u>				
Married, <u>Single</u> or <u>Widowed</u>	Name of Wife or Husband <u>Harriet A Thomas</u>				
Father's Name <u>Greensbury Thomas</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Elisa Linticum</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Annie E Seward</u>	How related to deceased <u>Daughter</u>				

PHYSICIAN
OR CORONER

CAUSES OF DEATH		<u>45</u>
Primary <u>Primarily tumor</u> <u>Carcinoma of face & neck</u>	How long <u>2 years</u>	
Immediate <u>Exhaustion</u>	How long <u>gradual</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>D B Porter</u>	
	Address <u>Salisbury Md</u>	
Accident or Suicide?		



Name
in
Full

Minnie's H. Trader

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

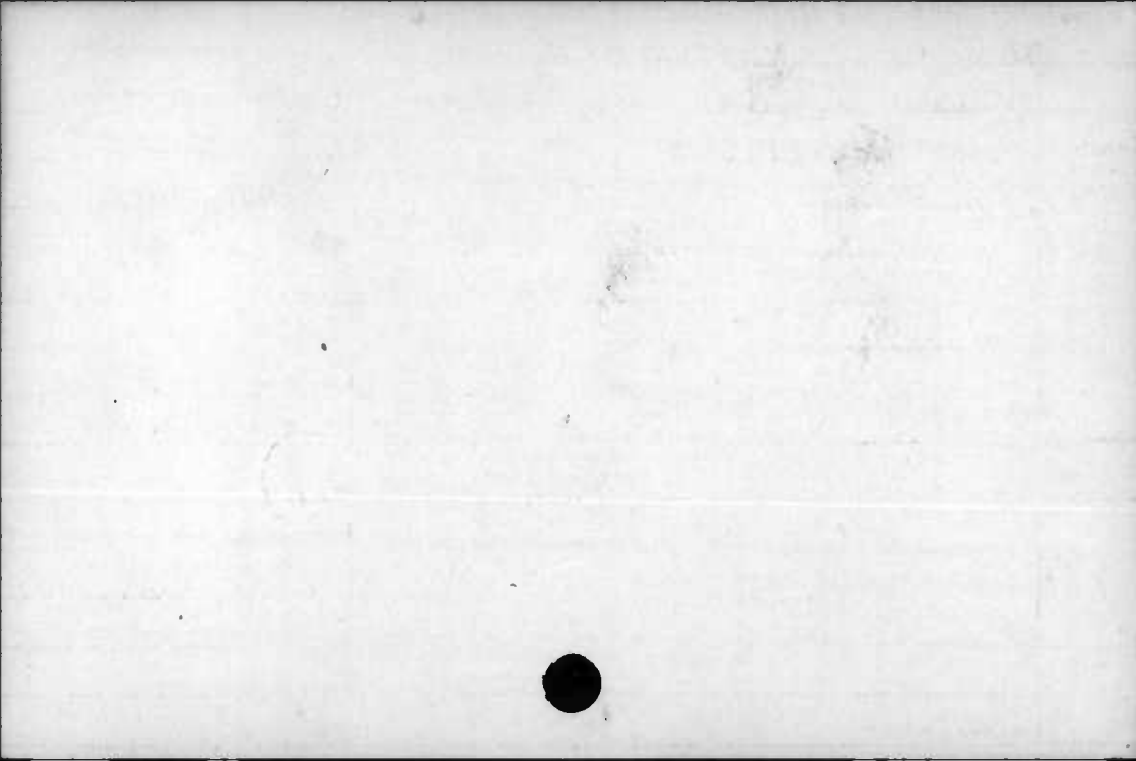
Died at ^{Town} <i>new Salisbury</i>		^{County} <i>Wicomico</i>		MARYLAND	
Date of death	1908	Month	June	Day	13
Age	23	Years	2	Months	1
Sex	Female	Color or Race	Black	Birth-place	Mo
Occupation	Housework		Where Residing if not at place of death <i>Wicomico Co.</i>		
Married, Single or Widowed		Name of Wife or Husband <i>Widowed</i>			
Father's Name	<i>John W. Trader</i>			Father's Birthplace	<i>Mo</i>
Mother's Maiden Name	<i>Lizzie's Hammond</i>			Mother's Birthplace	<i>Mo</i>
Name of person giving information	<i>Lizzie's Trader</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

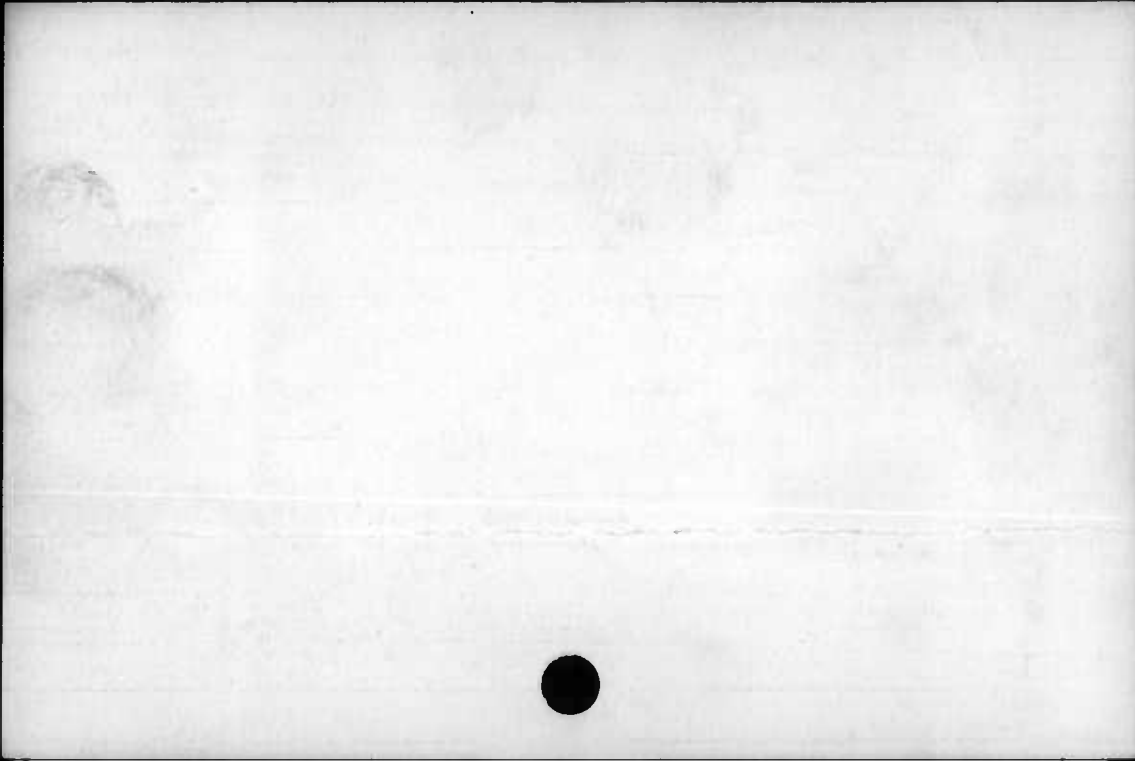
27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>several months</i>
Immediate	<i>Exhaustion on fainting</i>	How long	<i>several days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Louise W. ...</i>	
		Address <i>Salisbury, Md.</i>	
Accident or Suicide?			



Name in Full		Mary E Wallace				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Ranticoke	County Neomine	MARYLAND			
		Date of death		1908	Month June	Day 8 th	Age 36	Months —	Days —
		Sex		Female		Color or Race	Dark		
		Occupation		Housekeeper		Birth-place	Ranticoke		
		Where Residing if not at place of death							
		Married, Single or Widowed		Married		Name of Wife or Husband Robert F Wallace			
		Father's Name		Henry Elsey		Father's Birthplace Ranticoke			
Mother's Maiden Name		Washy Butler		Mother's Birthplace Ranticoke					
Name of person giving information		Robert F Wallace		How related to deceased			husband		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="float: right; border: 2px solid black; border-radius: 50%; padding: 10px; font-size: 2em; font-weight: bold;">104</div>									
PHYSICIAN OR CORONER		Primary		Stomach trouble		How long			
		Immediate		Acute indigestion		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Dr J H P Day			
				Address		Jesterville Md			
		Accident or Suicide?							



Name
in
Full

Morrice H. Haller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Shopton</u> ^{Town}		<u>Monroe</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>6</u>	Day <u>19</u>	Age <u> </u>	Months <u>20</u>	Days <u>16</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Shopton</u>		
Occupation <u> </u>			Where Residing if not at place of death <u>Shopton</u>		
Married, Single or Widowed <u> </u>			Name of Wife or Husband <u> </u>		
Father's Name <u>Benjamin J. Haller</u>			Father's Birthplace <u>Del</u>		
Mother's Maiden Name <u>Hester Bradley</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Benjamin J. Haller</u>			How related to deceased <u>Father.</u>		

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary <u>Dysentery</u>	How long <u> </u>
Immediate <u>Spinal meningitis</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>H. M. Gossamer</u>
	Address <u>Shopton Md.</u>
Accident or Suicide? <u> </u>	

